

Medicare Advantage Special Need Plans

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Independent Health		Wellcare	
Doctor & Choice of Hospitals		Independent Health Medicare Family Choice NH only	Dual Difference Dual Eligible only	Wellcare Liberty HMO Dual Eligible only	Wellcare Access HMO Dual Eligible only
PREMIUMS	\$104.90	\$43.20	\$0.00	\$0.00	\$0.00
PCP Visits	20%**	\$0	\$0	\$0	\$0
Wellness exam	0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$0	\$0	\$0	\$0
Outpatient Mental Health	40%	\$0 copay/ \$0 co pay Day Program	\$0	\$0	\$0
Outpatient Substance Abuse	20	\$0	\$0	\$0	\$0
Outpatient Surgery	20% **	\$50 Ambulatory; \$0-\$50 outpatient	\$0	\$0	\$0
Emergency Care	20% **	\$50 Waived if admitted	\$0	\$0	\$0
Urgent Care	20% **	\$0	\$0	\$0	\$0
Ambulance Services	20% **	\$25	\$0	\$0	\$0
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	10%- 15% Medicare covered	\$0	\$0	\$0
Prosthetic Devices	20% **	0%- 15% Medicare covered	\$0	\$0	\$0
X Rays	20% **	\$0	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	\$0	\$0	\$0	\$0
Chiropractic Care	limited coverage 20% **	\$0 medicare covered	\$0	\$0	\$0
Transportation		\$0- 56 1-way rides	\$0-40 1-way rides	Medically Necessary 48 trips per year- one way	Medically Necessary 40 trips/yr one-way
Medically Necessary Foot Care	limited coverage 20% **	\$0 medicare covered	Rules may apply	\$0	\$0
Routine Foot Care	NOT COVERED	\$0- 6 Supplement visits	\$0- 4 visits	Not covered	
P.T.,O.T. and Speech Therapy	20% **	\$0	0%	\$0	\$0

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Doctor & Choice of Hospitals		Independent Health Medicare Family Choice NH only	Dual Difference <i>with Medicaid or MSP</i>	Wellcare Liberty HMO Dual-Eligible only	Wellcare Access HMO Dual-Eligible only.
PREMIUMS	\$104.90	\$43.20	\$0.00	\$0.00	\$0.00
Inpatient Hospital	\$1,260 deductible	\$100 each stay/ no limit	\$100 each stay/ no limit	\$0	\$0
Inpatient Mental Health*	\$1,260 deductible	\$100 each stay/ 190 day lifetime limit	\$100 each stay/ 190 day lifetime limit	\$0	\$0
Skilled Nursing Facility	\$0 days 1-20, \$152 days 21-100	\$0 copay/ 100 days each benefit period	\$0 copay/ 100 days each benefit period	\$0/ 100 days each period	
Home Health Care	\$0	\$0 copay/ visit	\$0 copay/ visit	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0
Bone Mass	20% **	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B 0%- 20% Part B \$0, \$5, 25%, 25%, 25%	Part B \$0 Part D \$0- \$6.60	\$0/\$1.20/\$2.65/15% Generics (Tier 2) \$0/\$3.60/\$6.60/15%Brands(Tier 3)	
Vision Services	20% + for 1 pair glasses/frames/contact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr	\$0 post cataract glasses, \$0 copay treatments, diagnostics. \$150 eye wear limit	\$0 post cataract glasses, \$0 copay treatments, diagnostics	\$0 for (1) Routine eye exam, pair of glasses, contacts, lenses and frames. \$100 Coverage limits/year for eyewear	
Hearing Services	40% + Medically necessary exams only no aides	\$0 exams	\$0 exams	Routine exams and hearing aids not covered. \$0 Medicare covered events.	
Diabetic training and supplies	20%	\$0 Training/ Supplies	\$0 Training/ Supplies	\$0 Co-pay Training. \$0 supplies and therapeutic shoes.	
Dental Coverage	limited coverage	\$0- \$50 Medicare covered Benefits	\$0 co-pay for (2) cleanings, exams and x-rays	\$0 co-pay Medicare covered services. Preventive not covered.	

Medicare Advantage Special Need Plans

TYPE OF MEDICAL SERVICE	Fallon Health Weinberg (HMO SNP)	Fidelis	Fidelis
Doctor & Choice of Hospitals	Fallon Health Weinberg HMO Dual Eligible only	Dual Advantage Plan 2	Dual Advantage Flex Plan 017*
PREMIUMS	\$0.00	\$0.00	includes \$550 "Flex benefit"
		* cost depends on Medicaid eligibility	* cost depends on Medicaid or QMB eligibility
PCP Visits	0%-20% of the cost	\$0 or \$22	\$0 or 20%
Wellness exam	0%-20% of the cost	\$0	\$0 or 20%
Specialty Visits	0%-20% of the cost	\$0	\$0 or 20%
Outpatient Mental Health	0%-40% of the cost	\$0	\$0 or 20%
Outpatient Substance Abuse	0%-20% of the cost	\$0	\$0 or 20%
Outpatient Surgery	0%-20% of the cost	\$0	\$0 or 20%
Emergency Care	0%-20% of the cost	\$0 or \$65	\$0 or 20% up to \$65
Urgent Care	0%-20% of the cost	\$0	\$0 or 20%
Ambulance Services	0%-20% of the cost	\$0	\$0 or 20%
Durable Medical Equipment	0%-20% of the cost	\$0 or 20%	\$0 or 20%
Prosthetic Devices	0%-20% of the cost	\$0 or 20%	\$0 or 20%
X Rays	0%-20% of the cost	\$0	\$0 or 20%
Lab Services	0%-20% of the cost	\$0	\$0 or 20%
Radiation Therapy	0%-20% of the cost	\$0	\$0 or 20%
Chiropractic Care	0%-20% of the cost	\$0	\$0 or 20%
Transportation	\$0-48 1-way rides	\$0	\$0 or 20%
Medically Necessary Foot Care	0%-20% of the cost	\$0	\$0 or 20%
Routine Foot Care	\$0- 4 visits	Not covered	Not covered
P.T.,O.T. and Speech Therapy	0%-20% of the cost	\$0	\$0 or 20%

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Doctor & Choice of Hospitals	Fallon Health Weinberg HMO Dual Eligible only	Dual Advantage Plan 2 *	Dual Advantage Flex Plan 017*
PREMIUMS	\$0.00	\$0.00	\$0.00
Inpatient Hospital	\$0 or \$1260 Days 1-60 \$315/day Days 61-90 \$630/day Days 91-150	\$0 or \$1,100 each	\$0 or \$1184 Days 1-60 \$296/ day Days 61-90 \$592/ day Days 91- 150
Inpatient Mental Health*	\$0 or \$1260 Days 1-60 \$315/day Days 61-90 \$630/day Days 91-150	\$0 or \$1,100 each	\$0 or \$1184 Days 1-60 \$296/ day Days 61-90 \$592/ day Days 91- 150
Skilled Nursing Facility	\$0/day-Days 1-20 \$158day-Days 21-100	\$0 or days 1-100 \$25 per	\$0/ day- Days 1-20 \$148/day- Days 21-100
Home Health Care	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0
Bone Mass	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0
Prescription Drugs	PartB=\$0-20%; Part D=\$0-\$6.60	Part B=\$0 - 20%;Part D\$0-\$6.60	Part B=\$0 - 20%;Part D\$0-\$6.60
Vision services	\$0 for (1) Routine eye exam, pair of glasses, contacts, lenses and frames. \$100 Coverage limits/year for eyewear	\$0 only for Medicare covered diagnosis,treatment;\$0 for 1 Medicare covered Eyewear	\$0-20% only for Medicare covered diagnosis,treatment;\$0-20% for 1 supplemental exam and Eyewear
Hearing Services	\$0-20% for medicare covered diagnostic exams; \$0 for routine exam, hearing aids	Routine exams and hearing aids not covered. \$0 Medicare covered events.	\$0-20% for medicare covered diagnostic exams;\$0 for routine exam,hearing aids
Diabetic training and supplies	0%-20% of the cost	0%-20%	0%-20%
Dental Coverage	0%-20% of the cost	\$0 co-pay Medicare covered services. Preventive not covered.	\$0 co-pay for (2) cleanings, exams and x-rays.\$0 co-pay Medicare covered services.